

Alliance Program Quarterly Confirmation Form

The Alliance Program Scholarship is in the form of a 10% tuition discount for students employed or otherwise associated with an Academy College Alliance Partner.

Alliance Partner Name of Business or Organization Student's association Alliance Partner certification and signature: The student named above is currently associated with our company as of the date listed above as Client Employee Resident Other Alliance Partner name (printed) Title Signature Student certification and signature: understand the following: I must be currently associated with the Alliance Partner at the of this quarter I must be currently enrolled in a program leading to a certificate or degree I must turn this form in before the scholarship will be applied Student Signature Date Student Support Liaison Date Campus Director Approval Discount Amount Applied to account Business Office Init	Name		Quarter		Qua	rter end date	
Name of Business or Organization							
Alliance Partner certification and signature: The student named above is currently associated with our company as of the date listed above as Client					Student's association		
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Campus Director Approval Office use only	Student Signature				Date		
Office use only	Student Support Liaison				Date		
	Campus Director Approval				Date		
Quarter code Tuition Charge Discount Amount Applied to account Business Office Init			Office use onl	у			
	Quarter code	Tuition Charge	Discount Amount	Applied to acc	ount	Business Office Init	